

Appendix 3

Wisconsin Medicaid Home Care Assessment Update Form

1. Wisconsin Provider: Number _____ Name _____
2. Wisconsin Recipient: Number _____ Name _____

MEDICAID HOME CARE ASSESSMENT

On _____ a Wisconsin Medicaid Home Care Assessment for the above
(Date Assessment sent to EDS)

recipient was completed and submitted to the Wisconsin Medicaid program.

Subsequently, update forms were submitted on the following dates: _____

I have reassessed the recipient and find that:

- ☐ the above dated Assessment and Updates, if any, still apply; *or*
- ☐ one or more item on the above dated Assessment and Updates, if any, has changed since the Assessment or Updates were completed and submitted. The pages of the Assessment with the changed Wisconsin Medicaid information, including the calendar in 12.1, are attached. (On a clean page of the Assessment form, the RN must enter the changed Wisconsin Medicaid information and initial and date to the left of each changed item. The date is the date the change was actually assessed by the RN and not the date paperwork was completed.)

Signature of RN completing the Assessment Update

Date of Assessment Update

Telephone Number to contact RN with questions

Fax Number

A Wisconsin Medicaid Home Care Assessment must be submitted for each Wisconsin Medicaid recipient at the time of the first prior authorization request after admission.

The Wisconsin Medicaid Home Care Assessment Update must be submitted whenever:

1. The provider submits a Prior Authorization Request Form (PA/RF) after the initial prior authorization request and assessment is on file at Wisconsin Medicaid. (Attach Update to PA/RF. If the recipient's condition has changed since the assessment was filed, or since the last Update was submitted, also attach the amended information.)

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2. The provider submits a request to amend a prior authorization. (Attach Update and amended information to the Wisconsin Medicaid Prior Authorization Amendment Request Form.)
3. After every RN supervisory visit when there has been an improvement in condition which results in a change to the information under Sections 8-11.19 (c). This information must be submitted whether or not the change results in a change in treatment or care because it can affect the amount of care that is granted. (Attach Update and amended information to the Wisconsin Medicaid Prior Authorization Amendment Request Form.)
4. It is recommended that a complete, updated Wisconsin Medicaid Home Care Assessment Form (HCAF) be submitted every 2-3 years.